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CERVICAL ENDOMETRITIS.

Read before the Hom. Med. Society of the College of New York, by
EMMA SCOTT, M. D.

In the short time I have been in practice, my attention has been particularly called to the frequency with which this trouble occurs in women, and more especially in the married who have borne children. For out of five hundred women—from all classes—treated within the past year, fully two-thirds have been afflicted with this disease.

It has been a query in my mind why this small portion of the female economy, with its simple and at the same time complex anatomical arrangement, should work such mischief when it is the subject of *Inflammation* or *ulceration*?

It apparently plays no very important part in the role of her existence, except at the time of utero-gestation and parturition. But how often this physiological function is followed by pathological changes; cervical endometritis, being one of the most common sequences.

The subjective symptoms are so familiar it will be unnecessary for me to describe them.

With such an array of symptoms before me, I was at first puzzled to know how to proceed. My inclinations and my intuitions were to adopt the constitutional method of treatment exclusively, but my results did not bear me out in my decision. And now although I should deprecate the indiscriminate use of the speculum, still when a patient comes to me, who has suffered for months or even

years without relief, after passing through the hands of several physicians, and more especially, if they come from those of our own school, where the constitutional treatment has been all that could be desired, with so many valuable artificial aids furnished us by gynæcologists of the present day, I feel justified in using every means in my power *at once* to arrive at a true diagnosis. In some cases this can only be done by digital and specular examination. Just as the surgeon would probe for the ball, or other foreign substance, in a gun-shot wound, or as the oculist or aurist feel compelled to use the instruments which alone can reveal disease of the deeper structures of the eye or ear. I advocate this method, if for no other purpose than to enrich our materia medica. Though no local treatment be used it is well to note what pathological changes our remedies produce in the tissues and *what* they cure.

My first step is to make a thorough digital examination. In some cases, I find a prolapsed or otherwise displaced uterus, but my experience has been that it exists more rarely than the *subjective* symptoms would lead me to suppose. The touch, of course, will aid much in the diagnosis. Although it is said, "we should have eyes in the tips of our fingers," these eyes without sight cannot always be trusted. Why then exclude *one* and perhaps the *greatest* aid in our investigation? The tips of our fingers cannot discern the color of an eruption on the internal skin any more than they could one on the surface. The Leucorrhœa, which is invariably present—varying in quantity and quality—is only one of the symptoms, and we cannot judge by that alone the seat and extent of the disease; therefore, I finally make a specular examination, and with very few exceptions, the eye sees the cause of most, and perhaps, the whole of the woman's suffering, local and general.

Treatment :

It is my practice to remove every particle of the discharge from the cervical canal, by wrapping a slender-bladed dressing forceps with a bit of cotton and thoroughly cleansing the parts, which leaves a surface that can be acted upon by the remedies applied topically, and those administered internally; for cleanliness, of itself, does much to restore the parts to health. For this purpose, I direct the patient to use a daily injection of a *large* quantity of hot water with several table-spoonsful of salt dissolved in it. I am

aware that many eminent in the profession object to injections per vaginam. I started out with this prejudice, but my small experience has modified my objections. I find they are tolerated by most women; and instead of relaxing the tissues, as some contend, on the contrary, as the patient improves the parts become firm, unyielding, oftentimes rendering an examination with a speculum, which at first could be introduced with ease, quite difficult. Hot sitz-baths are also most beneficial to allay inflammation and to relieve pain. These, however, must be dispensed with in women who take cold easily, unless they have every convenience for taking them; and in some few cases they weaken the patient too much. Locally I make an application of glycerine medicated with a few drops of the tincture of the remedy most appropriate to the case in hand. If the inflammation or ulceration extend outside of the cervical canal, I leave a cotton tampon saturated with the medicated glycerine in contact with the affected surface. If the uterus is displaced, I replace it and advise postural treatment adapted to the individual case. I insist upon the clothes being suspended from the shoulder, and without ligatures. I also recommend judicious out-of-door exercise, pleasant company, and diversion, and when expedient rest from household cares. I always try to find out if there is any cause that tends to aggravate the disease, and remove it, if possible, giving internally the homœopathic remedy by the *totality* of the symptoms. Electricity, locally applied, is, no doubt, beneficial, as observed in ulceration of long standing in other portions of the body. From lack of knowledge I have abstained from its use; but at some future time I hope to be able to give my experience with that agent.

CASES:

Mrs. R—, æt 35. Of a plethoric habit and cheerful temperament. The mother of two children. Dates her suffering from the birth of last child, now ten years old.

Complains constantly of rush of blood to the head. Sensation as if the vertex was coming off. Conjunctivæ injected, with a feeling of fullness and burning in the eyes. At times, sharp pains through the temples. Face *very* flushed. Headache before and during the menses.

Continual bearing down in pelvic region, with inclination to hold the parts up with the hands, especially aggravated at the menstrual period. Does not know hardly what it is to be without aching in sacral region, aggravated by standing, walking and undue exercise.

Menses regular—flow scanty, pale and watery, occasionally of a bad odor. On the first day, complains of a sharp pain commencing in the right ovarian region, extending over the hypogastrium to the left ovary, with aching in the thighs. Inward fever, with thirst, but nauseates her to drink water. Pruritus after menses. Burning in urethra on urinating. On digital examination found prolapsus of the second degree. Parts very sensitive.

Speculum examination revealed intense arterial congestion, with extensive and deep ulceration of anterior and posterior lips of os uteri extending within the orifice, bleeding profusely when touched; with a thick yellowish leucorrhœa pouring from the uterus.

Treatment:

Replaced uterus and told her take the knee-elbow position three or four times a day. Ordered injections of hot salt water and the hot sitz-bath daily.

I applied Bell tincture and glycerine topically, and administered Bell 200 internally with the exception of a few doses of Puls 200 from sick stomach and indigestion that occurred during the course of the treatment. She had no other treatment than the above. She is now cured. Menstruation normal and without pain. No more headache. In fact, says: "She feels like a new woman." She was obliged to discontinue the sitz-baths as they made her nervous and weak.

I will mention that this lady was an inveterate tea-drinker. I forbade its use, except in very moderate quantity.

Out of the many cases I have had, I have treated one only with red powder locally.

R.

Sanguinaria rad.

Myrrh.

Gum Arabic, a a.

Giving at the same time *Sepia* 200 internally. Advising postural treatment for the prolapsed uterus, also injections of hot salt water and a sitz-bath daily. She was discharged a few days ago

perfectly cured. Ignatia 200 and Chamomilla 200. I find invaluable aids, as intercurrent remedies, in the use of these uterine troubles I have never known them to fail under the appropriate indications. I have not cited these cases because they are remarkable but because they are typical, very common, and at times most stubborn. I might cite many more but these will suffice.

Some will object to the treatment not being the same local and constitutional, or on account of the local treatment. Perhaps these are objections, but young doctors must cure to get patients and experiment afterwards. I have succeeded in getting the patients; and for the coming year I *shall* experiment and give my results to the society.

EMMA SCOTT, M. D.

A POPULAR USE FOR LYCOPODIUM.

When weary of reading doctor's stuff, I often go for an hours' recreation (re-creation by change) into my little Elsie's library, and really, the child-literature of to-day is often good for older folks. In one of these saunterings I found the following, and have deemed it worthy of the space it will occupy.

THE CLUB-MOSS.

(*Lycopodium Inundatum*.)

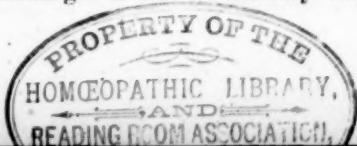
"If this moss is properly gathered, it is 'good against all diseases of the eyes.'

"The gathering is regarded as a mystery not to be lightly told; and if any man ventures to write the secret, the virtues of the moss avail him no more. I hope, therefore, my readers will fully value the sacrifice I make in giving them the formula by which they may be guided.

"On the third day of the moon—when the thin crescent is seen for the first time—show it the knife with which the moss is to be cut, and repeat—

'As Christ healed the issue of blood,
Do thou cut, what thou cuttest for good!'

At sun-down, having carefully washed the hands, the club-moss is to be cut kneeling. It is to be carefully wrapped in a white cloth



and subsequently boiled in some water taken from the spring nearest to its place of growth. This may be used as a fomentation. Or the club-moss may be made into an ointment, with butter made from the milk of a new cow." *

How this waif of Druidical days has escaped the wreck of time to live in the peasant-lore of the nineteenth century, is a more than wonder. It gives evidence that the Druids used *Lycopodium*, and it testifies that some babbling priest of ancient Britain, must have proven recreant to the trust reposed in him. The penalty for committing the secret to writing; the time of gathering—"third day of the moon—" the showing the knife to the moon; the incantation (in this case a modern interpolation); the waiting for sundown, washing of the hands, kneeling while cutting, and wrapping in a white cloth, point out unmistakably the Druidical origin of this panacea for "all diseases of the eyes." A similar ceremony, only invested with more solemnity, was observed in gathering the Mistletoe (*Viscum album*).

"The Druids, likewise, used great ceremonies in gathering an herb called *Samolus*, marsh-wort, or fen-berries, which consisted in a previous fast, in not looking back during the time of their plucking it; and, lastly, in using their left hand only. From this last ceremony, perhaps, the herb took the name of *Samol*, which, in the Phœnician tongue, means the left hand. This herb was considered to be particularly efficacious in curing the diseases incident to swine and cattle."

Verily, we doctors mustn't be too proud of our craft, for it was born of ignorance and nursed by superstition. How slowly knowledge comes, for according to Ordericus Vitalis, it must have been at least nine centuries after the extinction of the Druids that Rabinus Elinus, a Jew, Pontus, a Greek, Adala, a Saracen, and Salernus, a Latin, founded the school of Salerno,† that grandmother of all colleges of medicine!

But, thanks to the peasantry of old Cornwall, this *Lycopodium* lore lives fully as proudly to-day as that doctor-born *Flos Medicinæ* the *Regimen Sanitatis Salernitanum*. S. A. J.

* Popular Romances of the West of England; or The Drolls, Traditions, and Superstitions of Old Cornwall, collected and edited by Robert Hunt, F. R. S., second series, p. 216, London, 1865.

† "Sin da tempi di papa Giovanni VIII, (Pope from 872 to 882, A. D.) SIR ALEXANDER CROKE.

NEW YORK HOMŒOPATHIC MEDICAL COLLEGE—
CLINIC FOR SKIN DISEASES.

BY PHIL. E. ARCULARIUS, M. D.

ALOPECIA AREATA.

George W., age 35 ; America ; single.

27th October. Patient presents himself in an anæmic condition, suffering from general lassitude, drowsiness, and almost entire loss of appetite, with constant intense thirst ; often he becomes so drowsy while at work he is obliged to retire to the open air to recruit his energies ; rests well at night, however, and has no periods either of fever or sweat ; but rain storms and east winds bring on an aggravation of all the troubles, and then he feels miserable. Patient was formerly of dissipated habits, but says he has now for a long time been living quietly and correctly, and free from all such associations. Had malarial fever many years ago. Upon examination the scalp upon the vertex shows a bald spot perfectly smooth and pale, and destitute of hair, which has fallen out just so soon as it has attained a certain length, say a half inch or inch. For this reason patient has resorted to shaving the spot clean from time to time. No scaliness is to be seen, and no discharge has occurred at any time, and thus matters have rested for the last five or six years, during which time the constitution has suffered in the way mentioned, and at no time has the patient been sure of any certain growth of hair upon the vertex. No vegetable parasite was discovered. The *extreme thirst* with the accompanying anæmic condition and "weakness of the whole body," indicated strongly *Natr. Mur.* Accordingly administered *Natr. Mur.* 3, a powder dry on tongue three times a day. Locally, no applications were used other than an occasional inunction of cosmoline, and this, too, in a little while was omitted altogether.

25th November. Patient has been steadily improving, the thirst having first diminished in intensity till now it has about disappeared ; the general health is likewise better, the patient now feeling much brighter and stronger, though rain storms and east winds still excite a return of the old symptoms. Locally, the hair upon the scalp is growing nicely, shaving of the diseased patch having been forbidden

from the very outset. Natr. Mur. 3, has been taken without cessation, and is continued night and morning.

1st December. Continued improvement; thirst has all disappeared, and everything is better. There is now some itching of the scalp, and concluding a change to be desirous, prescribed sulphur 3, three times a day.

15th December. Patient has made rapid advancement since last date, and is now not affected by the changes of weather; the hair still continues to grow, and the bald patch is completely covered, save one small spot, and this is gradually becoming hidden. Sulph. 30 night and morning.

12th January. Patient some time since concluded treatment and dismissed himself as cured, and under interview to-day fully confirms the permanence of the improvement already noted, besides showing a fine head of hair, that upon the vertex being of exuberant growth, every spot being covered, the scalp appearing healthy throughout, and the system at large being in sound condition.

LUXATIO PENIS—BY DR. MOLDENHAUER.

TRANSLATED BY S. LILIENTHAL, M. D.

Luxatio penis, which is rendered possible by the lax connection between the skin and the corpus cavernosum, is a rare accident. Our literature contains only one case, which was observed by Nelaton, and is described by Hyrtl in his *Topographical Anatomy* (Vol. 11, p. 55, 1860). It happened to a boy, whose penis by a fall became detached from its cutaneous envelope, and hid itself under the skin of the scrotum. Nelaton introduced a serrated forceps through the anterior opening of the skin and connective tissue which had once contained the penis, caught the dislocated cavernous body and returned it to its normal position. He described the case as *luxatio penis*.

W. K., aet. 57, a strong healthy farmer, was brought to my office late one evening on account of severe injuries received by his horses running away. The man was much intoxicated, was pitched from his wagon, thrown against a tree, and one hind wheel

had passed over the lower third of his abdomen. The symphysis pubis, scrotum and penis were covered with blood, and the scrotum was infiltrated with blood, and swollen. There was no fracture of the pelvic bones nor any intestinal lesion. The penis looked awfully; the glans could not be recognized, and in its stead we found only a pulpy bloody mass. What seemed to be the penis hung down relaxed, and shrunken, and felt as if it was completely crushed. It was not painful even when handled. In order to make the diagnosis clear, I sought to introduce a catheter; but every attempt was futile—the instrument passing only to the symphysis pubis and failing to reach the bladder. Another physician, called in consultation, was equally unsuccessful, and we therefore, ordered the patient to bed, and bade him lie on his back and apply Aqua Goulard to the penis and scrotum. During the night he slept well, and had no complaints to make at our next visit. The urine did not pass through the penis, but had accumulated in a large quantity in the scrotum, which was tense and had a urinous odor. Renewed trials again failed to pass the catheter. It remained for us then to discover the intact portion of the urethra in order to procure a different place of exit for the urine than the infiltration of the scrotum, which would only lead to ichorous decomposition. Two methods presented themselves; the puncture of the bladder or the operation of Boutonniese. We chose the latter, still hoping to find the uninjured part of the urethra.

Chloroform was administered, a catheter introduced in the penis and from its point an incision was made through the raphe of the scrotum deeply, and extending two inches down the perinæum. Layer after layer was carefully dissected, and still no trace of the urethra appeared; and it did not seem to be under the symphysis. The incision at the point of the catheter led only into cellular cavities and interestices. Finally a copious parenchymatous hæmorrhage set in and put an end to all attempts to penetrate farther. The large incision was tamponed with lint, and cold compresses were applied over it. Towards evening our patient felt comfortably, and urine is discharged from time to time through the scrotal wound, and is attended with a sensation of being burned during micturition, though there is no trouble during the interval.

Two days afterwards he made no complaints, save of the burning during micturition. The wound looks well, discharges urine copiously from time to time, and no dropping of urine takes place. By drawing the edges of the wound asunder, the finger can reach a hollow space extending upwards behind the symphysis pubis, and far into the left inguinal region, but the urethra could not be found. When micturating, the urine passes from this cavity and seems to have come from quite a distance. The next day the wound had a foul smell, and was covered with dark-colored cellular bodies; the urine is bloody, is passed at long intervals, but then copiously. After urinating, pressure on the upper inguinal region forces out small quantities of urine. Patient feels generally good, and has no fever. We try to keep the wound as clean as possible.

After a few days' rest we made another attempt to find the urethra. The scrotum was incised from the root of the penis to the first incision, and we thus got an opening extending far under the symphysis, and which we found to be filled with granulations and shreddy masses. A probe was pushed in about an inch and a half, and also an elastic catheter. We could not go any further. Large quantities of pus *bonum et laudabile* were discharged from the wound by pressure or on injecting. The urine is discharged in a good jet at once, but only at intervals of twelve or sixteen hours; it is perfectly devoid of smell and clear; does not show any evidence of alkaline decomposition, nor any noxious influence on the tissues of the wound, which is of a healthy red color and granulating nicely. Suppuration is copious and without any disagreeable odor.

November 6th, the twelfth day after his fall, an abscess showed itself at the top of the *spina ilei ant*, which was opened the next day and discharged large quantities of pus. The incision was gradually dilated, and we now found that in every position of the patient the urine flows more copiously from the upper opening in the inguinal region than from the lower wound below the root of the penis.

November 10th, another attempt to find the lost urethra by enlarging and dilating the serotal wound; but now we concluded to search for it in the upper inguinal region. I introduced a thick elastic catheter through the upper opening below the *spina ilei*,

and after some trouble passed its point to below the root of the penis. The catheter remained in this position, and during the day urine was passed from both ends of it, thus proving that the urethra must lie in the same direction as the catheter. Under chloroform, I slit the cellular tissue lying immediately over the catheter, and also the skin, commencing at the root of the penis circumventing this organ by a semi-circular sweep, and continuing the incision in a curved manner through the thick panniculus toward the *spina ilei*. About one and a half lines in front of the introduced catheter I met a membrane, and the rest was now carefully dissected on the director. The catheter now lay visible and free before us; it was removed, and we found at the base of the deep wound not an injured urethra, as we had feared, but the completely uninjured penis, with the glans and præputial membrane, the latter looking towards the *spina ilei*, snugly imbedded in the fat and the cellular tissue covering the abdominal muscles; therefore, the penis, *in toto*, must have torn itself loose at the glans from its membranous envelope withdrew itself, with the præputial part remaining at the glans, and slipped under the abdominal wall, high up into the inguinal region. On examination the urethra proved to be perfectly intact, a catheter could be easily introduced and passed to the symphysis, but failed to penetrate any deeper. We easily laid free the præputium with the glans, but the other part was so closely grown to the abdominal muscles, that at the desire of the patient we desisted from liberating it at this time. I only dissected off from the fatty tissue of the abdominal wall sufficient to render the urethra free, and left the large wound to heal by granulating. Urine could be readily discharged through the displaced urethra, and there was, therefore, no reason for a plastic operation, especially as the patient declared himself perfectly satisfied to resign all the other functions of this important member. It was thus clear that what we had deemed a crushed penis, was only the cutaneous covering thereof, from which the penis had escaped in a most inexplicable manner. It took a long time for the complete healing of the incisions; but, finally, a perfect cure occurred. I saw the patient a year afterwards: the præputium had united with the abdominal wall, skinned over, and could be moved in every direction. The glans was naked, movable, and the patient could pass

his urine in every position without any trouble. From time to time the penis showed decided turgor, but the erections were painless, and the patient did not desire the restitution of the member to its normal location.—*Berl. Klin. Wchschrft.*, Nov. 1874.

"LIBERTY OF MEDICAL OPINION AND ACTION."

In the "*Practitioner*" for November, 1874, in an "Essay on the Teaching of *Materia Medica* and Therapeutics," by W. Handsel Griffiths, Ph. D., L.B.C.P., L.R.C.S., Edin., occur these remarkable words:

"If we desire to combat the scepticism which we know to be rife in the ranks of the profession regarding the efficacy of drugs in the treatment of disease, it is incontestible that we must remodel our system of teaching the therapeutical science. * * * The physiological action of drugs on the animal economy should be practically demonstrated on the lower animals, as far as possible, and THE SUGGESTION OF HAHNEMANN, STORCK, and others, to search out the REAL ACTION OF REMEDIAL AGENTS, by PROVING THEM ON THE HEALTHY HUMAN SYSTEM, should be carried out by the students under proper and responsible direction."

It is difficult to realize that a contributor to this representative old school journal, which has rarely any but a contemptuous word for Homœopathy and its founder, should have so far thrown off the restrictions which the ethics of his school impose, as to endorse a "SUGGESTION OF HAHNEMANN." What an assertion of the "Liberty of Medical Opinion and Action" in an allopath—to advocate, AS SUCH, Hahnemann's proposal to study remedies by "provings on the healthy human system!" and to suggest that students in the colleges should prove them; a mode of study instituted by Hahnemann at Leipzig, continued by Hering at Allentown, made a yearly duty by Prof. Ad. Lippe, in the Philadelphia College, and, for years past, a part of the winter programme of every Homœopathic college in the world!

Let us congratulate our Allopathic colleague who thus asserts his "freedom," and the journal which gives him space! and let us

wish for him a due sense of the "great responsibility" which the exercise of "freedom" always involves; and under the pressure of which he will be led to test the remedies thus proved in accordance with the Homœopathic law; and while so doing, will find his way to those rules of posology which Hahnemann and his followers learned to observe in practice.

In the exercise of this "freedom," and under the governance of this "responsibility," may he be able, before many years, to commend to his Allopathic colleagues, not only the "suggestion of Hahnemann" touching the study of drugs, but also the doctrines of Hahnemann touching Therapeutics and Posology; thus realizing both the "freedom of Medical Opinion and Action," by virtue of which Hahnemann himself left the beaten paths of the old school, and elaborated the "rational art of cure;" and the sense of "responsibility" which made Hahnemann so solemnly aver, that, "in a science which has to do with human life, the NEGLECT TO MASTER IT BECOMES A CRIME."

X.

A WORD OF WARNING.

Editor "N. Y. Journal of Homœopathy:"

In the "Bulletin de la Societe Med. Homœopathique de France, XXI. 6, Oct. 1, 1874," is a paper on *Osmium*, by Dr. Ozanam, who gives a case of poisoning by Osmic acid, observed at La Pitie, in the service of Prof. Vulpian, and reported by M. Raymond. Dr. Ozanam precedes this case by a historical notice of Osmium and its compounds, and reproaches recent authors for neglecting to mention the earlier investigators, among whom he cites HOFBAUER, whose publication appeared in 1835; and HERING, whose proving appeared in 1873, (Hering Mat. Med., Vol. I.) He does not reproach HERING for omitting to quote HOFBAUER; and yet such an omission on the part of an author so faithful and so learned as HERING, might well have surprised him. Dr. Ozanam concludes his introductory remarks with these words:

"We will begin by giving the memoir of HOFBAUER, which appeared in 1835, in Vol. III, of the "Archives de la Medicine

Homœopathique," p. 246. The rarity of this collection has induced the Societe Homœopathique de France, to order at its session of July 6, 1874, the re-publication of this important work in order that it may be in everybody's hands."

Referring to Vol. III, of the "Archives de la Medicine Homœopathique," 1835, a journal which had the bad habit of re-publishing articles without mentioning the sources from which they were derived, we find the paper on Osmium by HOFBAUER, which is reproduced in the bulletin before us. It is the translation of the paper on Osmium, which appeared in a work, entitled "Homœopathic Treatment of Surgical Diseases. Together with the Pure Pathogenesis of a New Important Antipsoric," by DR. JULIUS HOFBAUER, Leipsig, 1835, Reimann. This "New Important Antipsoric," was OSMIUM.

Scarcely, however, had the work appeared in Germany, when the good faith of the alleged proving was called in question by Helbig, Noack, and others; and it was finally proved before a judicial inquest that HOFBAUER was a *pseudonym*; and, that this work, together with others by Heyne, Leckiv, C. E. Hering, and an alleged "Society of Homœopathic authors," were all fabricated by one Fickel of Leipsig, a young allopathic doctor, to whom afterwards time for reflection was afforded by a residence in the penitentiary. Besides this fabricated and fictitious proving of Osmium, these works contained alleged provings of Actæa, Spicata, Aquilegia, Atriplex olida, Cainca, Nigella, Physalis, Alkekengi, Bismuth, Pulsatilla, Strontiana, Verbena (Veronica) and Molybdenum.

A complete account of the affair and of its detection, with very pertinent comments upon it and upon the duties and qualifications of "critics," is found in the "Olla Podrida" of Dr. A. Noack, formerly of Leipsig, and now of Lyons.* It is much to be regretted that our French colleagues did not investigate the matter a little more carefully before they re-published HOFBAUER's (Fickel's) wicked fabrication, and that Dr. Ozanam did not think to inquire *why* HERING, who is accused of gathering *everything* into his net, omitted to quote HOFBAUER!

* See also "Dudgeon's Lectures on Homœopathy."

Shall we, of the Western Continent, so prolific of provings, take a lesson of caution from the history of this Heyne-Hoffbauer-Leckiv-Fickel swindle?

CARROLL DUNHAM, M. D.

IRVINGTON, Dec., 1874.

PROVINGS, BY E. W. BERRIDGE, M.D.

(1.) *Senega*. Miss —, aged 21, took several doses of C. M. (Fincke), for a cold and cough. Menses came on three weeks too soon; this never happened before, even when she had a cold.

(2.) *Phosphorus*. Dr. D. Wilson took a dose of C. M. (Fincke.) It caused running from nose, especially when near a window where air was entering; for two days.

Mr. —, (patient,) took 200 (Lehrmann.) A cutting pain in right internal ear, afterwards extending up to right temple and over right side of head, with shooting pain, with stiffness of right side of neck; worse at night and first part of morning.

Mr. —, (patient,) took repeated doses of 3d centesimal. Hard elevated pimples on back of left arm, (and two in front,) and on outside of left leg and left hip; mostly below elbow and above knee. About 6 p. m. pimples began to burn and itch, not having done so much during the day; both burning and itching are relieved by the warmth of the bed, (10 p. m.) and both worse by scratching. Left off medicine and got better, but the next day one or two appeared on right arm and leg. N. B. The medicine acted *from left to right*.

(3.) *Kali Bichromicum*. (A "very valuable proving," of course.)

A lady took two doses of C. M. (Fincke.) After second dose, sticky saliva in mouth and upper part of throat about uvula.

Mr. —, (patient,) took repeated doses of 200 (Leipzig.) Eye-balls tender when rubbed, especially the left. Sees the point of pen double, one by the side of the other.



Miss —, (patient,) took one dose of C. M. (Fincke.) In about an hour felt and heard in left face and left neck a twanging like wires; this lasted 45 minutes; then burning (subjective and objective) in entire left head and face, which relieved the twanging; *all* the time found herself talking nonsense to herself, continually repeating, "Tulips and Rhododendrons;" felt as if she was losing her reason, but was conscious of all that was going on; the burning lasted 15 minutes, and then *all* the symptoms went away.

N. B. Mr. Pope, of the *Monthly Homœopathic (?) Review*, is very respectfully requested to refer to this "very valuable proving" on every possible occasion. To be sure it is a very little one, but every created thing, even Mr. Pope himself, had a beginning *once*.

(4.) *Dulcamara*. Mr. — took 20 globules of 3,000 (Jenichen.) Almost directly, coldness *in* abdomen, (internally,) which went off on walking in open air.

(5.) *Aurum Metallicum*. Mrs. —, (patient,) took 3,000 (Jenichen.) It caused her breath to smell very bad.

(6.) *Asterias Rubens*. Mr. — took several doses of 200 (Leipzig.) Dull headache in occiput for 30 minutes, one-and-a-half hours after breakfast; it came and went *suddenly*. Dull occipital headache, lasting all day, commencing one hour after breakfast.

(7.) *Antimonium Crudum*. Mr. — took 1,200 (Janichen) three times a day for several days, for the relief of corns on the feet. It produced the following *new* symptoms: Feels ravenous for one-and-a-half hours before food, but loses appetite when he begins to eat, as if he had had enough. In the morning ears feel stopped up, and when a note is sang he hears echoes of the note going higher and higher by octaves; after breakfast this passes off.

(8.) *Agaricus*. Mrs. —, (patient) took 99m (Fincke.) After it she felt sleepy, on and off, during the day.

(9.) *Cocculus*. A patient took one dose of 200 (Lehrmann.) After three days, feeling as if the nerves in head were drawn up tightly.

(10) *Vipera Lachesis Bufocephalus fel* (Higgins.) E. W. Ber-ridge, M.D., took repeated doses of C. M. (Fincke) on September 4th and 5th. September 8th, (fifth day,) twice during day, in open air, shooting in region of left nipple.

Mr. — took six globules at 8 p. m., *without knowing the name of the medicine*. 8.45 p. m., feeling in throat of choking; desire to clear the throat; the tongue, especially at the end, felt smaller; desire to loosen clothes round throat. All this lasted 10 minutes. *He thought he had taken Lachesis*. 8.50 p. m., sore, painful feeling at end of right thumb, (palmer surface,) for one minute. 8.55 p. m., bitter taste in mouth, lasting more than 15 minutes. 8.57 p. m., pain behind right internal malleolus, like that in thumb. 9.20 p. m., in outer side of left arm, shooting downwards from just below shoulder to elbow.

2d day. Woke at 5 a. m. with a dull heavy pain under left ribs, (near cardiac end of stomach,) which seemed to rest at the one spot for a few minutes, then slowly moved round to the right in an upward direction to stomach-pit; it remained about an hour, and then went away. During the day, tingling in toes of right foot.

3d day. 2 p. m., when walking out, a dull heavy pain struck him suddenly in the right hip, in one spot; it seemed to be in the hip bone; it only remained a few minutes, and then passed away without his noticing it.

4th day. The lower lip on the inside felt swollen, and there was a sore feeling as if there was a longitudinal ridge on it; it came on about 10 a. m., lasting the whole day.

Every day since the dose, intense bitter taste in the mouth.

(11.) *Chininum Sulphuricum*. Mrs. —, (patient,) took a dose of 200 (Leipzig.) Sparks before eyes when sunlight is strong, for one week: after four weeks. A black spot the size of a pin's head, about 18 inches from right eye, and moving with eye, for some weeks: after 18 days.

(12.) *Chelidonium Majas*. Mr. —, (patient,) took one dose of 200 (Leipzig.) Light of candle seems very small (8th day.) Prick-ing running along different parts of body for half-a-minute at a

time, chiefly felt in fingers and toes, (2d to 13th day.) Pain for three or four seconds in right eye, like a biting sting here and there in eye.

(13.) *Cimex Lectularius*. Mr. — took 16 globules of 200 (Leipzig), at 3.25 p. m. Almost directly slight dryness of throat for five minutes. 3.35 p. m., hiccough, very slightly painful for 15 minutes, (in 10 minutes.) 4.10 p. m., headache, pressing outwards, *first on left, then on right side* of forehead, lasting 10 to 15 minutes, (in 45 minutes.) 4.15 p. m., intermitting pricking pains in muscles back of right arm for 15 minutes, (in 50 minutes.)

N. B. Mr. Pope, of the N. H. R., would probably have excluded this proving (had it not been sent to him) as being "nasty." He once refused to admit a cure by *Psoricum* sent by one of our Hahnemannian's, because it would offend the sensitiveness of the Allopaths, [Query. Was his friend Professor Binz one of them?] who read his Journal! Such is "Homœopathy in England," which is justly exposed in the article on page 35 of the N. Y. J., every word of which article is true. By the way, my dear doctor, Mr. Pope is *not* going to "lick" you for that article. I showed it to him and he read it and said "*there is nothing in it to answer.*" You are more fortunate than I am; witness the "licking" he *thinks* he has given me in October No. of A. J. H. M. M. A *Papal* anathema, indeed; the greater and lesser excommunication and Athanasian creed all in one. I still somehow survive; but surely the gates of that Heaven of British Homœopaths—I beg pardon—of "Physicians practising Homœopathy," the British Homœopathic Society, will forever remain closed to me now, until his holiness grants me absolution. *Sancte Papa, ora pro nobis*, for if you should be pronounced *infallible* by the Œcumenical Council of Homœopaths at Philadelphia, in 1876, it will be all up with me, unless, as Dr. Cumming says, "the Millenium arrives first."

ERRATA.—P. 234, line 7, for *Pharmacies* read *Pharmacopœias*.

P. 237, last line, for *is it*, read *and*, and dele ?.

P. 308, line 14 from bottom, for *we*, read *and*.

" " 10 " " for *case*, read *worse*.

P. 210, line 16 from bottom; dele * * * after "palpitation."

" " 15 " " for *at night*, read *the right*.

" " 5 " " after *right to left*, add *or left to right*.

P. 311, line 1, for *one dose*, read *several doses*.

" " 13, for *morning*, read *noon*.

P. 312, line 8 from bottom, for 7 C. M., read 60m.

THE APPLICATION OF REMEDIES TO THE
PUERPERAL CONDITION.

(Continued from page 412.)

KALI CARBONICUM.

PREGNANCY. Angry, irritable, and easily vexed. Inclined to be startled easily. Starts when touched. Vertigo early in the morning and in the evening. Vertigo as if proceeding from the stomach. Stitches in the temples. Stitches through the whole head. Sensation as of something loose in the head, turning and winding about. Upper eyelids swollen, puffy and hanging over like a little bag. Fluent coryza with excessive sneezing. Stitches in the teeth. Toothache when beginning to eat, a throbbing in all the teeth. Deglutition difficult, the food descends slowly and small particles easily get into the windpipe. Much tenacious mucus in the throat, which can neither be swallowed or hawked up. Nausea from mental emotions. Nausea and faintness relieved by lying down. Vomiting, with swoon-like failing of strength. Much colicky pain of a stitching character. Very sleepy during meal-times. Pressing and bearing-down sensation, as if a load were falling into the pelvis. Colic from incarcerated flatus, with stitching pain. Constipation, with feeling in the rectum of weakness and inability to expel the stool. Constipation, the stool hard and scanty and the bowels torpid. Discharge of white mucus from the anus before and during stool. *Itching*, lancinating and cutting in the anus during and after stool. Burning sensation in the anus after stool. Diarrhoea, with sharp, shooting, or stitching pains all over the abdomen. Protusion of varices during hard stool, also during micturition. Varices large and painful—the pain is a burning and stitching. Violent pains in the small of the back. *Drawing pain upward in the back*. Stiffness and paralytic feeling in the back. Stiffness of the neck. Cold feet at night, in bed. Profuse sweat on the feet. Swelling of the feet, as high up as the ankles. Burning of the soles, especially when setting the feet down. Feeling of emptiness in the whole body. Feels the pulsations of all the arteries in the body down to the tips of the toes. Weariness, languor and depression of strength. *Stitching pains*.

ABORTION. Habitual abortion between the second and third months. Pain in the back streaking off down the buttocks. Pains like stitches. Much backache and paralytic pain in the back, especially on attempting to walk. She must lie or sit quietly. Stitches in the region of the kidneys. Constipation. Pallor of the face, sacculated swelling over the eyes. After an abortion when there remains weakness of the back and lower limbs; dry hacking cough, long continuing sweats, feverish chills, chronic inflammatory condition of the uterus, with nausea and vomiting.

BEFORE LABOR. False pains of a stitching character, they accomplish nothing but the discomfiture of the patient.

DURING LABOR. *The pains begin in the back as usual, but streak off down the buttocks and thighs.* Sharp, cutting pains across the lumbar region, arresting the contractions. Stitching pains generally throughout the abdomen. The abdomen is bloated with wind. Restlessness and thirst. Distressing paralytic feeling in the back. She is very weak and exhausted. Thinks she feels the pulsations of all the arteries to their minutest extremities. Feels as if her body was hollow. The whole body feels heavy, so that it requires great effort to exert herself at all, to move even her feet.

AFTER LABOR. The after pains are characterized by the same stitching character, and streak off down the gluteal muscles.

BREASTS. Tearing stitches in the breasts.

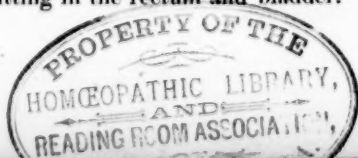
CONVULSIONS. Seeming to be relieved or to pass off with frequent eructations.

The stitching pains are the most strikingly characteristic of the symptoms of this remedy. Aggravations of the symptoms occur generally at 3 a. m. When touched never so lightly, the feet are jerked up and the patient much frightened. The pains of fluoric acid are somewhat similar to those of kali carb., but they almost invariably run upward—those of kali generally downward.

LYCOPODIUM.

PREGNANCY. *Despondency, grieving, moody, weeping and sad, extremely sensitive, desire to be alone.* Reproachful and overbearing; headstrong, vehement, angry mood. Stupifying head-

ache, pressing in the vertex, worse from 4 to 8 p. m. Stitches in the temples; pain in the temples as if they were being screwed towards each other. Headache over the eyes immediately after eating. Photophobia, dim-sightedness; sees objects as through a veil or gauze. Over-sensitiveness of hearing; music, particularly of the organ, affects the ears painfully. Roaring, humming, and whizzing in the ears. *Pale, livid face; blue rings about the eyes, and purplish lips.* Face has *grown suddenly old in appearance*, with deep wrinkles, and sunken eyes. Spasmodic twitching of the muscles of the face. *Liver spots on face, neck, or breast.* Stiffness of the tongue and indistinct speech. Bitter taste in the mouth and nausea early in the morning. Nausea when riding in a carriage. Sour or bitter taste in the mouth, except when eating. Bitter, fatty, or sour taste in the mouth. Heat in the face, after eating, especially in the left cheek. After eating, pain in the region of the liver, and palpitation of the heart. *Aversion to bread.* Excessive hunger that eating fails to satisfy. *Sense of fullness and satiety on eating a few mouthfuls.* *Sits down to the table very hungry, but a little fills her full.* Immediately after a meal the abdomen is distended and sensitive. *Painful swelling and sensitiveness of the pit of the stomach to tight clothing or to contact.* *Incarcerated flatus, causing much pain.* *Gripping sensation in the region of the stomach.* *Sharp, shooting pain across the abdomen, from right to left.* After a meal, sensation as of fasting, but no hunger. Much rumbling, *working, and gurgling* in the right hypogastrium. Sensation as if the abdomen contained fermented yeast. Spasms in the distended abdomen. Aching in the abdomen from flatulent distention, relieved by eructations. Hard stools, with much ineffectual urging. Strong desire, with but a small passage, which does not relieve, followed by flatulent distention. Copious stool, followed by continued urging. Stool first hard and knotty, then soft. *Diarrhœa, with earthy color of the face.* Diarrhœa, with sense of much fermentation in the abdomen. Burning itching of the rectum after stool. Distention of the abdomen after stool. Lassitude and prostration after stool. Itching eruption around the anus, with a tendency to form excoriations which bleed easily. Protrusion of varices; pain aggravated when sitting. Cutting in the rectum and bladder. Tearing in the rec-



tum, so sharp as to arrest the breathing. *Frequent urination, and discharge of large quantities of clear urine.* Frequent micturition during the night. *Greasy pellicle on the urine.* Red, sandy sediment. Urine with yellow sediment. Dark urine with red sediment. Foaming urine. Scanty urination during the day, increased at night. *Has to wait for the flow of urine to commence, during which delay there is a distressing pain in the back, which is relieved as soon as the flow is established.* The pain in the back immediately before urinating is so severe as to cause her to scream out. Itching in the urethra previous to and during micturition. Violent jerking, sharp, shooting, or cutting pains in the urethra after micturition. Turbid, milky urine, depositing a thick sediment, of a bad smell. Stitching pain in the neck of the bladder and rectum at the same time. Many associated symptoms of bladder and rectum. Sensation of pressure in the vagina on stooping. Varices on the labia. Varicose veins of the lower limbs, extending nearly to the feet, feeling large and hard to the touch; long-standing cases, proves useful often after other seemingly indicated remedies have failed. *She is short of breath from the least exertion. Painful stitches in the left side of the chest. Palpitation of the heart, worse after eating. Stitches, when rising from a stooping posture, run from the small of the back down the buttocks. The feet swell about the ankles, the soles feel sore when walking, and seem puffed up. Sleepy in the day-time, but can't sleep at night from over-activity of the mind. The sleep is unrefreshing. She is unable to find ease in any position. Hungry at night when waking. Sensation as if the circulation stood still.* Aggravation of all symptoms from 4 to 8 p. m. After 8 p. m., amelioration of every thing except the debility. Better in the open air.

Fœtus unusually active.

ABORTION. Pains shooting across the abdomen, from right to left. Intolerable pain in the back before passing water; relieved as soon as the flow starts. The abdomen is bloated and full of rumblings, and gurglings, as from active fermentation. *She keeps in constant motion.* The fœtal motions are excessive and tumultuous. Vagina feels dry, itching about the vulva. Tendency to miscarriage with varices of the pudendum. Mental symptoms, low spirited—desire to be alone, etc.

DURING LABOR. During her pains she has to keep in constant motion; puts her feet against the foot-board, pushes herself up as far as possible, and then slips down again, and so on, over and over. Crying and weeping. *Can't bear the pain*; makes her beside herself. She is almost desperate in her efforts to get away from the pain. Spasmodic contraction of the os.

AFTER LABOR. She feels exceedingly weak and exhausted. She is too weak to keep her jaws together; and her mouth drops open. Breathes very slowly. The eyes are half closed.

Hæmorrhage with cutting pains across the abdomen from right to left; much discharge of flatus, and sense of fermentation in the stomach. She feels full up to the throat. The hair falls out during her recovery; first on the vertex, then on the temples. Retention of urine, with violent pain in the back coming on in paroxysms—and the flow is suddenly interrupted with increase of pain in the back.

NIPPLES sore, and bleeding from a scurfy eruption. The child in nursing, swallows the blood and may vomit it up afterward.

PUERPERAL FEVER. Cutting in abdomen from right to left—sense of fermentation, rumbling, and gurgling; discharge of flatus from the vagina. Spasmodic movements of the face. *Fan-like movements of the alæ nasi. Eyes half closed, under jaw hangs down, etc.*

PHLEGMASIA ALBA DOLENS. Swelling of the foot and limb. Saphenous vein, large, red, and very tender, its course distinctly traceable, together with other and characteristic symptoms.

GENERALITIES. *Despairs of her salvation. Desires to be alone.* Over-sensitiveness of hearing—music offends. Decided flapping of the alæ nasi—dilates widely like the mouth of a trumpet, and then contracts. Spasmodic twitching of the facial muscles. The pit of the stomach is swollen, and sensitive to contact, and light clothing. Cough without expectoration at night, but with it during the day. Stitches in the left side of the chest. Stitches in the small of the back, especially when rising from a stooping posture. Sensation as if the circulation stood still. Perspiration smells sour. Vertigo in hæmorrhoidal people,

The general symptoms have been enlarged upon; because in prescribing this remedy, they will be found most characteristic and clearly marked.

TWO CLINICAL CASES.

BY CLARENCE M. CONANT, M. D.

(Cornwall, on Hudson.)

1. Mrs. H., æt. 35, brunette. Three years ago, after a long ineffectual labor, was delivered by craniotomy. Has never been well since. Sharp, shooting pains in left ovary. Worse at menstrual season. Obstinate constipation. No stool. Often for a week without a cathartic. Feels poorly in morning; and always after sleeping. Gave *Lachesis m* in water every three (3) hours, on June 27. The following day she had an easy, natural stool, and has had one each day since. The ovarian pain soon disappeared and has not returned at this date, Nov. 12th, and is now pregnant.

2. Mrs. S. C., æt. 31, blonde, complains of a pain in left lower jaw, "as if out of joint." Worse in morning, and when moving it. Sensation as if head of the bone were "squeezed" and crowded into the socket. Gave *Magnetismus Arcticus m*, a powder each night for three (3) nights, which removed *all* the symptoms.

Many homœopaths doubt the action of the magnet in potency. Dr. S. Swan of New York, has verified important indications for magnet *aus.*, and I submit the above in confirmation of what may be found in Curie's *Jahr*, Vol. I, p. 621, and Hempel's *Jahr*, p. 841, as symptoms of magnet *aret.*, under the rubric "face." I have met several such cases, but until now have failed to relieve.

THE HOT SPRINGS OF ARKANSAS.

The interest which is attaching to the wonderful virtues of the waters of the Hot Springs of Arkansas, appears to demand at this time a short notice of a rather unknown and unappreciated place of resort.

Physicians further West are more familiar with the cures that are frequently effected by these waters, than those of the profession further East. Of late, however, they are being more widely known, and it therefore gives us pleasure to lay before our readers the following account which we have received from one of our correspondents :

"This celebrated group of thermal springs is situated in the county of Garland, about 55 miles southwest of Little Rock. They burst forth, 56 in number, from the western side and base of one of the spurs of the Ozark mountains, and varying in temperature from 95 to 160 degrees Fahrenheit. A number of cold springs also take their rise from the same mountain, some of them in close proximity to the hottest springs. Wells are dug throughout the valley, and the sweetest, purest, freestone water is found at a depth varying from 10 to 20 feet.

TOPOGRAPHICAL FEATURES.

The topography of the country around Hot Springs is varied. South of the Springs the land is slightly undulating, very stony, and entirely unfit for agricultural purposes. On the west side, and facing the springs, rises to the height of 350 feet a mountain, which runs parallel to Hot Springs mountain, enclosing between them a yawl-shaped valley, which varies in width from 300 yards at the southern end, to a mere stream-bed at the northern extremity. Its length is about one-half mile, running due north and south. Through this valley runs Hot Springs creek, which gathers a sufficient volume of water to drive a mill. The descent of this stream is very rapid, and flows for the most part over a bed of tilted slate and variegated kieselschiefer, with veins of serpentine shape, which at short intervals, form cascades more or less rapid. In this valley is built the village of Hot Springs, about which we shall speak hereafter. Hot Springs Mountain is a quartz ridge, and rises to the height of 500 feet. From the point where the most elevated

hot spring issues, about one-fourth way up the slope, to the base of the mountain, the surface of the most northern spur is almost completely covered with calcareous tufa, which is nothing more nor less than the concretions formed by the sedimentary deposit of the waters. This tufa, near the edge of the creek, forms a conspicuous cliff or escarpment, which the creek, in places has undermined, producing fractures and a subsidence of the tufa. A mere inspection of this bluff of tufa will convince the most skeptical how great must be the lapse of time since these springs first burst forth from the bosom of the mountain. When first deposited the tufa is of a milky whiteness, but becomes dark by exposure to the action of the weather. In places where it is perfectly disintegrated, it forms a soil of almost coal blackness, very fertile and friable. This soil occurs on the small level plateaus about the springs, and a growth indicative of luxuriant fertility has sprung up spontaneously upon all such areas. We observed growing in such places the ash, hornbeam, dogwood, cedar, as well as the pine and oak, which last clothes the acclivity above the springs, as well as the sides of the opposite mountain.

THE SPRINGS.

These, as before stated, are 56 in number, varying in temperature from 95 to 160 degrees. In very dry weather the temperature is heightened several degrees, whether this dry weather occurs in winter or summer—while wet weather decreases the heat by the percolation of the cold water through the soil into the veins of hot water. No quantity of rain adds perceptibly to the volume of the Hot Springs, which shows their source to be at a great depth beneath the surface.

The water which rises from these thermal springs is as clear as crystal. A gentle bubbling is constantly going on, caused by the escape of carbonic acid gas. Upon the hottest days a slight fog of smoke arises, which increases as the weather becomes cool. Indeed, there is nothing which so much resembles the appearance of the springs as a kettle of clear water just before it begins to boil.

Many of these springs will cook an egg soft in from 15 to 20 minutes, and the heat has to be tempered down with cold water before the water can be used for the bath. Every bath house has

connected with it a vat for cold water, which is used for reducing the temperature of that from the hot springs.

THE BATHS.

These are of various kinds, from a common hole dug in the earth, to the best constructed Parisian or Turkish bath. The first kind may be seen in close proximity to the springs where they break from the mountain side. A hole some eight or ten feet square is dug in the earth, and a row of rude seats placed all around. Here may be seen sitting in the evening a score or more of ghostly persons, whose impecunious pockets do not permit them to indulge in the more costly and luxurious baths. The lame, the halt, the blind, the withered, and those whose bodies are covered with running sores, gather about these pools of Bethesda and seek restoration in the healing waters. The sight is pitiful, and when once witnessed is rarely sought for again. There are also mud-bath, resembling the last in everything, except that the bottom of the bath-hole is filled with leaves and mud, into which the feet and legs are buried. This mud-bath is much used, and is said to be effective in the cure of old syphilitic sores.

In the valley below is constructed a large number of the very best bath-houses, where one may obtain a bath at any hour of the day. The price demanded varies from 25 to 50 cents. All are for the most part kept clean and nice, and servants are constantly in waiting to do the "rubbing down" for a consideration. Vapor baths are also attached to the water baths, and the usual custom of invalids is to take first a water bath, then cover themselves with a blanket or a suit of woollens and take the vapor bath. This last induces a heavy perspiration, and if indulged in for a great length of time, produces languor and debility. The vapors are produced by having vats filled with hot water, from which the vapors ascend through a lattice floor into the vapor bath-room, which, with the exception of the floor, is as near air-tight as they can be made. The high points of exit of most of the Hot Springs make it very easy to conduct the water to the top of the highest building, which is done by means of iron pipes and wooden troughs, into elevated vats, and from thence distributed into the various bath-rooms.

WHAT THE WATER CURES.

To the invalid pent up in close confinement, and swallowing

pyramids of pills and pounds of noxious drugs, without any apparent benefit, this will be the most interesting part of this article. The diseases cured or benefitted are, according to a reliable source :

"Rheumatism in all its forms and stages, except the acute ; all stages of syphilis, mercurial diseases, scrofula, chronic ulcers, skin diseases, uterine diseases, chronic enlargement of the liver and spleen, and nervous derangements, especially neuralgia and paralysis.

"They are especially useful to persons who suffer from a torpid or diseased liver, hypochondriasis, and palsy. Those who have been in the habit of carrying the pleasures of the table to excess, and whose stomachs are debilitated from being habitually overloaded, likewise derive much benefit from them. The free carbonic acid, and the several carbonates are universally known for their diuretic properties, and are in high repute for dissolving and removing gravel, and the calculous affections of both the kidney and the bladder. They promote external discharges of offending matters in the blood, and restore a free circulation to the general mass of fluids. The very minute proportions of arsenic and iodine in solution confer upon this water active alterative powers, with an immunity to the patient from the distressing effects of these minerals when administered in ordinary doses. For chronic skin diseases, syphilis, scrofula, rheumatism, gout, and all blood diseases requiring a depurating agent, nothing better can be used.

"Probably the chief value of the waters resides in their effects when applied externally in the form of baths. It cannot be doubted that this application has a just and wide-spread fame as a cure for skin affections, rebellious ulcers, stiffness of limbs from old sprains, chronic gout, rheumatism, sciatica or neuralgia, liver or kidney diseases, paralytic affections where all active disease has been subdued, hysteria, or certain functional complaints of the womb. It is allowed on all hands that there is a marked beneficial influence in purifying the blood, increasing the processes of secretion and excretion, and by stimulating the skin and great organs of the frame."

There is no doubt about the beneficial effects of the water. Not only do patients bathe in it, but they drink it—drink it by the gal-

lon, and what is remarkable, they learn to love it. It does not have the taste of boiled water, has no nauseating effects, but is pleasant to the taste and agreeable to the stomach. Indeed, to a large majority, a cup of tea or coffee is not so desirable as a cup of water, directly from the bubbling spring, before the gases have escaped or the water cooled. The first thing a patient does after his arrival is to provide himself with a coffee-pot and cup, which are his constant companions thereafter in using the water.

That extraordinary healing properties belong to the water cannot be denied, when men and women, unable to walk, are "made whole" after a few baths and a few days drinking of the water. "Emaciated bodies, ulcerated and worn out by diseases of scrofulous taint, are washed clean inside and out, and sent home sound and well." A new vitality is infused into the worn-down frame, a new animation is given to the spirits. A fresh impetus is added to the brain, and ambitions that have slumbered for want of energy, are stirred into renewed life. Hopes that were clouded by an inveterate debility, rise, Phoenix-like from the ashes of disease. Hideous figures are transformed into forms of comeliness and beauty. The aching limb rejoices in strength. The hobbling gait becomes an elastic step, and man is made to rejoice in release from the tyranny of the foul fiends of disease and decay.

What mysterious agent produces these happy effects? Is it the copious diaphoresis caused by the hot baths? Or is it the mineral ingredients that the water contains? Probably both in part. The excrementitious and poisonous matter injurious to the health is expelled through the channels which the hot bath opens. Torpid secretions are aroused, and the languid circulation is purified of morbid matters.

PHYSICIANS.

There are about fourteen resident physicians. It is a question with many whether the advice of a physician should be sought at all before using the waters. Some believe they are imposters and take advantage of the afflicted. We do not so think. For the most part they are educated men and high-toned gentlemen, and we cannot believe they would stoop to such low tricks to obtain practice. And besides, the waters are a powerful alternative, and delicate constitutions sometimes succumb under their influence.

The resident physicians have studied for years the effects of the waters and baths upon persons of various temperaments, and their action on different diseases, and are enabled to give intelligent directions as to their use.

HISTORY OF THE SPRINGS AND LAW-SUITS.

The early history of the springs is wrapped in obscurity and legendary lore. Tradition asserts that the red men of the forest were familiar with their healing properties, and in all their war-like conflicts, the springs were recognized as neutral ground, where the afflicted could be healed and life prolonged. The first settlement upon the property is said to have been made about the year 1802, by a Frenchman named Proudhomme. The latter finally came into possession of the entire Valley, and finally sold out to John C. Hale & Woods, who erected a hotel, and after a few years divided the claim between them. Hale is still a resident of the Spring, and claims under this title. Woods sold his portion to Mitchell, and Mitchell to Rector, afterwards governor of the State.

Prior to this time, however, Ludovien Belding, a native of one of the northern states, moved from Kentucky to Arkansas in 1823. He camped at a spring near Perciful's residence on the Washita river. Perciful visited his camp, and in the course of conversation spoke of the Hot Springs as his property, and gave his verbal permission to Belding to settle on and improve the place. Belding accepted the offer and put up houses, lived here for a number of years, and being on the property in 1840, when the pre-emption act was passed on the 29th of May of that year, Belding, believing that Perciful's title was unsound, laid claim to it under the provision of the pre-emption act. A great deal of land in the State was in the same condition, because it was not surveyed. A supplementary act was passed by congress, perfecting the title under the pre-emption act of May 25, 1830.

THE VILLAGE OF HOT SPRINGS

is mostly built up with frame structures, and presents quite a novel appearance. It is a long village, with but one street.

The hotels and boarding houses are abundant in the valley, and are really well kept, considering the sterility of the surrounding country. It must be remembered that stock-raising is an art not

practiced in Arkansas, and pastures are few and far between. Good beef and mutton are scarce, but the tables are tolerably well supplied with fish, fowl, bacon and venison, and beef. All the vegetables of the season are abundant—lettuce, onions, spinach, radishes, &c. In addition, we have Irish potatoes daily, canned tomatoes, rice, hominy, good bread and butter and frequently milk.

The price of board varies from \$25 to \$80 per month. In quiet retreats free from the bustles of larger hotels, as good board may be had for \$40 as can be found in the valley. The number of houses that accommodate visitors in the valley, and in the north-west gorge above, will not fall short of 100. Altogether, we must say that the efforts of the landlords to provide good wholesome fare for their guests is highly creditable.

Up the creek some mile or so the bottom widens, and some beautiful and tasteful residences are to be seen. Here, too, is the old chalybeate spring, just on the margin of a lovely stream, and farther up is the famous whetstone quarry, from which are dug the finest and best whetstones in America. The rock, in its rough slab, sells in Little Rock for four cents per pound, and much of it is shipped to Boyd & Chase, of New York City. The rock is as white as Parian marble, and very much resembles it, though 98 per cent of it is pure silicia. Some of it is dressed in a mill close by and sold to visitors at about one dollar per pound, constituting one of the chief articles of trade.

Another article found in the adjoining mountains is crystalized quartz, most brilliant and beautifully shaped into regular and geometrical forms, and reflecting a light from its smooth facets almost as dazzling as that from the diamond. Stands for the sale of these are abundant in the village of Hot Springs.

VISITORS

are here from every state in the Union, and many from Cuba, Canada and occasionally from Europe, many of them distinguished as statesmen, writers and orators. They come and go daily. The long rambling street is filled from 9 o'clock in the morning till dark with busy life. All classes are here represented. The millionaire jostles by the side of the beggar, and the occupant of the tent, perched on the steep mountain side, is seen wending his way to the springs in his homemade suit in company with the city dandy.

Men with crutches, women in go-carts, fat men and lean men, old men and young may be seen early in the morning with coffeepots and tin cups, towels and soap, seeking the baths. There is an undue proportion of fat men. From this, it would seem that rheumatism delights to seize upon rotund forms and well stuffed paunches.

The village boasts of Catholic, Episcopal and Baptist churches, and a Masonic hall. The Methodists had a church, but it burned down a couple of years ago and they are now erecting a very fine house of worship in the south end of the Valley. There are several schools kept up, two weekly and two daily newspapers.

Liquors and tobacco are forbidden by the physicians while using the waters, so leave them behind. The price of board we have already given. Railroad fare from Memphis to Little Rock is \$9.75, Little Rock to Hot Springs, \$5.

THE FUTURE OF HOT SPRINGS.

If the litigation now pending is ever brought to a final settlement, the future of Hot Springs will be brilliant. Not Baden Baden in Germany, not the Hot Wells at Bristol, England, will be resorted to by a larger number of visitors. When the railroad shall have been completed to the Springs, and sufficient accommodation afforded, visitors from the whole American continent will gather here and seek for that health which a physician cannot give. The steep mountain slopes and the stony valleys, and swelling undulations will in time be covered with hospitals and hotels. The pure freestone water, and the fresh bracing atmosphere, the piscatorial sports which the neighboring Ouchita furnishes, together with the bustling life, will be sufficient to attract the healthy and pleasure seeking. While the scenery is not beautiful it is varied and imposing; and free exercise over the rugged hills will hasten the alterative effects of the waters, adding beauty and freshness, vitality and energy to the decrepid and wasted frames of thousands yet unborn.

CASE OF ALBUMINURIA IN CONNECTION WITH PREGNANCY.

(Read before Hom. Med. Soc. of New York, by RALPH BLAKELOCK, M.D.)

I was called, January 5th, 1874, to attend Miss —, aged 22 years, short and stout, found the patient in the following condition: General anasarca, especially of the lower extremities, pitting deeply on pressure; discoloration over upper surface of the feet, puffiness of face and œdema of the eyelids, headache and drowsiness, pulse 90, tested her urine found in a given quantity, half albumen. This girl worked on a sewing machine every day, thought that might have been the predisposing cause of the abnormal condition of her kidneys; gave *Helleborus nig.*, which relieved to some extent the headache and somnolence, followed by *apis*; no results; then gave *apocynum cannabinum*, (which Dr. White, of Harlem, stated at a recent meeting of this society had cured a case post partum), got no benefit from its use; then gave *digitalis* followed by *arsenicum*, then *Aconite* and *Belladonna*, without making any impression on the kidneys; in this way I had treated her until Feb. 3. At this time I was informed by her mother that her daughter was pregnant, the latter confessed she supposed herself about four months advanced in pregnancy. I will here remark that I was aware she was not menstruating, but supposed it was owing to her condition. I had been completely thrown off my guard, taking it for granted, that the enlargement of the abdomen was from effusion in the abdominal walls and peritoneum. I mention this to show the necessity of careful examinations in such cases. If I had percussed over the abdomen, I would have discovered a gravid uterus, and have found out why the medicines administered had given no relief. Still, had I gained this information sooner, the results would have been the same. From this time she received no treatment until the 16th of Feb., when she complained of pain in bowels; made an examination, found the uterus so high I could barely touch the oss. with the point of the finger, discovered no sign of labor, gave *colocynth* which quieted the pain. I was called again on the 24th inst., found her suffering from vomiting and slight diarrhœa, pain in back; gave *arsenicum*, vomiting and diarrhœa relieved; made an examination, found no signs of



labor; she continued restless and complained of pain in back at times; at 2 a. m. on the 26th inst., she was taken with convulsions of an epileptic form, followed by stupor and stertorous breathing, bit her tongue severely; sent early in the morning for Dr. J. Wm. McDonald, he sent word that he would meet me at 12, m., but it seemed she could not live until that time; called in Dr. Thompson, we gave opium 5 drops of the tincture in half a tumbler of water; in teaspoonful, doses every 15 minutes, which seemed to give some relief, but it was soon followed by another convulsion, then stupor and gasping respiration, being 40 to 45 to the minute. Pulse 140 to 150; the inspirations were so forcible that the alæ nasi would close the orifice of the nostrils as complete as a valve; at noon Dr. McDonald arrived, we made an examination, found the os., dilating, first stage of labor in about an hour after; I applied the forceps, and delivered her of a dead female child, weighing 5½ pounds; Dr. McDonald removed the placenta, the hemorrhage after delivery was less than in any case that I have attended. The patient lay in a heavy stupor seeming totally unconscious but would moan out at times when the pains came on, her nostrils had to be held open by an assistant until after her delivery. She continued to remain in a comatose condition, but had no more convulsions; her respirations would cease for a time, then a deep drawn gasp; in this condition she continued through the night, continued with opium in alternation with digitalis; the following morning the 27th, she passed her urine unconsciously in bed; her breathing was much easier and more regular; gave arsenicum and digitalis in alternation, every half hour; visited her in the evening; found her very restless, complaining of pain in back and lower extremities; then relapsed into a comatose condition; she having passed no urine since morning, used catheter, and drew off over a pint, after which she rested well through the night. On the 28th passed her urine unconsciously; tested some that I had drawn the night previous, and what to me seemed singular, there was not a trace of albumen in it, although pressure on lower extremities would leave pitting, but much less than formerly. March 1st, found her still in a comatose condition, her urine had passed as usual, in the bed. She would answer questions when roused; continued with the arsenicum and digitalis; visited her in the evening, and found her

perfectly conscious, had called for the vessel when wishing to urinate; pulse 120; complained of great beating of the heart; put her on Aconite, and about 12 midnight broke out in a warm perspiration, and rested well until morning. March 2, pulse 90, slight frontal headache and coldness of lower extremities; gave arsenicum, and to take a tablespoonful of castor oil at bed time; anasarca rapidly disappearing. March 3d, bowels have been freely opened; pulse 96; continued with arsenicum. March 4th, pulse 94, appetite improving, lacteal secretion in mamma being the 6th day after delivery. March 5th, pulse 80, she wishes to sit up, but feels weak; the anasarca has all been absorbed, gave cinchona. March 6th, steadily improving, no indication for medicine, except as a tonic; continued with cinchona, and on the 7th of March I left off treating her, being the 9th day after delivery.

ARTIFICIAL BLOODLESSNESS.

A LECTURE BY PROF. T. ESMARCK.

GENTLEMEN: Since last year I have performed by my method over two hundred operations, and acknowledge that I prize far more now the advantages of this method, yea in some cases, I was perfectly enchanted with the facilities thus gained in difficult operations. Of thirteen amputations of the thigh, performed since last year, only one patient died. Of eleven of the leg, also only one; of four of the upper arm none. We have thus twenty-eight great amputations, of which twenty-six regained their health, and only two deaths. I also performed an exarticulation of the upper arm, with returning health, and an exarticulation of the thigh which ended fatally, but the prognosis of the latter was bad from the start. Of eight resections of the larger joints, three of the hip, three of the knee, and two of the elbow, only one resection of the hip joint turned out fatal from septicæmia. These are certainly favorable results, although the surgical and medical wards are under one roof, and on account of always being overfilled we have constantly to battle with accidental traumatic diseases, especially with erysipelas, diptheritis, and pyæmia. I hardly ever apply now

Lister's antiseptic method of bandaging, and never in amputations and resections.

Ascribing these favorable results to the artificial bloodlessness, I may be permitted to state my reasons :

1. The small loss of blood. We all know how much great loss of blood retards and endangers convalescence, and acute anæmia increases more than anything else the disposition for accidental traumatic diseases. The coagulability of the blood increases in many cases with the drain on the red blood corpuscles, and with it the danger of thrombosis and of the pyæmic processes.

2. Fresh wounds which do not bleed, need no touching with sponges. Although we use only such sponges in operations, which are most carefully cleansed and disinfected with muriatic acid, still some of them might become the carriers of infectious matter, and especially carry erysipelatous virus into the wounds.

3. Large arteries and veins are not exposed to such severe local pressure, as by compression with finger and tourniquet ; pressure is performed alike from all sides by the constriction of all soft parts.

I have never observed any disadvantages. Especially paralysis was never witnessed as a consequence of the constriction. Where paralysis followed, it might have been caused by drawing too tight the india rubber tube. I always perform bandaging and constriction myself, as assistants are constantly trying to overdo the thing. Nor is every kind of india-rubber tubing available. The heavy, stiff tubes of grey vulcanized rubber are not to be used, and I prefer the brown, not vulcanized tubes or those prepared from red rubber or rubber bandages. It does not need such powerful constriction to prevent perfectly the afflux of arterial blood. Especially the first turn need not to be made too tight, as every consequent round enhances the action considerably.

Several surgeons observed gangrene of the flaps after amputations, and ascribed it to the artificial bloodlessness, (Guey's Hospital); and as I never observed it, I suppose that gangrene had more to do with the formation of the flaps or with the after-treatment.

4. In some cases local anæsthesia is produced in consequence of the local ischæmia and the compression of the nerves; and thus the operation less painful. We, therefore, always, apply this procedure in small operations on the fingers and toes, in incisions of panaritria, in the extraction of ingrowing toe-nails, exarticulation of phalanges, etc. *Stokes* (Dublin Medical Press, 1874, p. 248) relates a case where he extirpated an epithelioma on the back of the head during ischæmia, where the patient did not feel the operation. Anæsthesia usually sets in after the ischæmia lasted several minutes, but we can produce it very quickly with Richardson's ætherisation, as the congelation occurs far more rapidly, when the arteries fail to carry more heat with the blood. Even a rain douche of ice water deprives quickly an ischæmic finger of all sensibility.

5. Artificial bloodlessness renders easy a thorough examination of morbid parts, especially bones and joints. I examined many a joint and bone before the operation, as if it were on the dissecting table, and only then decided whether resection or amputation is indicated. I could recognize the tuberculous nodules in the degenerated synovial membranes, and in the scrofulous osseous granulations on the living body, and repeatedly cut pieces out of tumors and examined them microscopically, in order to decide on the mode of operation.

It also renders far easier the removal of small foreign bodies, as needles, splinters, etc., from the hands and feet, for we all experienced the difficulties by which the constantly exuding blood prevents the finding of such small bodies, and many a time we give it up and console our patient with the consequent suppuration, which will wash out the intruder. Such difficulties are now removed. By ischæmia we find the foreign substance as soon as we know where to look for it, the wound heals kindly, and mostly per primam intentionem.

Wounded arteries are also more easily found out by artificial bloodlessness. *Leisrink* described a beautiful case, and *Stokes* shows that the operation for aneurysm according to the method of Arentyllus, is thus rendered possible in many cases where formerly the tying of the artery higher up, was considered necessary. I do not doubt, therefore, that henceforth in hæmorrhages after gun-

shot wounds, the direct ligation of the injured artery may be tied with more hope of success than formerly.

It may also be considered an advantage, that with the application of artificial bloodlessness, many a capital operation may be performed without skillful assistance, especially in military practice, on ships, and still far more by country practitioners.

Only a few days ago, one of my former assistants wrote me, that without aid he removed a glass splinter, which had deeply penetrated the fore-arm with great ease, and instead of a rubber bandage, which he had left at home, he only used a linen bandage and his elastic suspenders. It might be advisable to give all soldiers elastic suspenders, so that in case of urgency they might be used for the stanching of hæmorrhage.

Allow me to mention an idea of Prof Mueller, Wurzburg. He advises in hæmorrhage to push by our process the blood circulating in the four extremities towards the head and trunk, in order to prevent the threatening collapse, and better to gain time for transfusion, or to render the latter unnecessary.

Finally, I would like to speak a few words about the technic of our procedure, which might be perhaps not so well known. Let me remark that constriction can be made at every place of an extremity. Any layman can, therefore, stop an arterial hæmorrhage without having any knowledge of the position of the artery, which must be pre-supposed in the application of the tourniquet. In most cases an elastic bandage is as good as any rubber tube for the compression of arteries. the pressure of the bandage is even softer and more equal than that of the tube. Still there are some cases where the tube is preferable on account of being of smaller size than the bandage.

I see from different communications that some are of the opinion that in operation on the hip, and shoulder-joint, artificial bloodlessness would not be applicable; but I have performed an exarticulation of the shoulder, of the hip, and three resections of the hip-joint without loss of blood, and other surgeons have done the same.

In order to master in operations of the shoulder-joints the afflux of blood through the arteria axillaries, we have only to carry a rubber tube under the axilla, draw it tight above the shoulder, and keep it in that tension by a strong hand, which supports itself

on the clavícula, or we hold both ends tight by a clamp, for instance like that one used for the fixation of the pedicle in ovariectomy. I formerly made a *spica humeri* with the tube, and carried it over the chest and back to the other axilla, but this is not advisable, as the tension of the tube prevents respiration too much.

In high amputation of the thigh, the tube is carried strongly around the leg once or twice close to the groin, the ends are crossed above the inguinal region, carried around the posterior surface of the pelvis, and finally closed with a chain on the anterior surface of the lower abdominal region. Or a closely-rolled linen bandage may be used as a compressor to the *arteria iliaca externa*, close above the *legamentum Pouparti*, and firmly pressed upon the artery by several *spicae* or rounds of a strong rubber bandage. Only in exarticulations and resections these bandages would obstruct the field of operation, hence we prefer in such cases to compress the aorta in the umbilical region, using a compress or (*pelatte*) made of a bandage eight metres (27 feet) long and 6 centimetre (a little over two inches) broad. We roll it firmly around the centre of a piece of wood, a foot long, and of the thickness of a thumb, by which the compress is held in its place. This compress is applied closely under the navel and pressed firmly against the *vertebrae* by rounds of a rubber bandage about two inches broad, carried five or six times around the body. Thus the arterial afflux through the aorta can be perfectly arrested, if we only use the precaution of emptying the bowels by purgatives and injections. In other cases it may be more to the point to use a pedunculated compress, which can be pressed more deeply into the abdomen. The handle (made of steel) of my compressor (*palotte*) is perforated with a large hole, through which the rubber bandage can be easily carried. Should any surgeon be afraid of this constriction of the abdomen, he can carry the rubber bandage around the operating table (*Brani*) or fasten it to a fenestrated splint put horizontally under the back of the patient.

It has been affirmed, that ischaemia might also be produced, by raising up the extremity several minutes before the operation and then to apply the compressorium. But any one who has ever compressed both methods, that the raising of an extremity does not even approximately perform the same service, as methodical wrap-

ping with elastic bandages. I content myself with raising up the extremity only in such cases, where I fear by bandaging to press ichorous masses into the cellular tissue and thus in the lymphatic circulation. Wherever open wounds, ulcers or fistulæ are present on the extremities, we cover them with varnished paper and prefer a roller made from pure rubber which is more easily cleaned, than bandages, where the rubber threads are interwoven with silk or cotton.—*Wien. Med. Wehnschrift*, No. 21, 1874.

CLINICAL REPORT.

ACUTE BRIGHT'S DISEASE OF THE KIDNEYS.

Presented to Hom. Med. Society of the Co. of N. Y., March, 1874, by
EMMA SCOTT, M. D.

The following was not a case in my practice, but the patient being one of the members of my family, I had a firm opportunity to observe the action of Homœopathic remedies.

Dickie S——, æt. five years, of a very nervous and delicate temperament, in February of 1872, had variola, in a very severe form; he got over that nicely. Two or three weeks after he had an attack of what seemed to be articular rheumatism, shifting from one joint to another, he recovered from the rheumatism also.

After getting better, he went out and played in the grass, which was somewhat damp and caught cold; whether the kidney trouble was the result of the cold, I cannot say, but it followed immediately after.

The first indication of it was the puffiness of his face in the morning, passing away towards evening, but not disappearing entirely, with bloating of the lower extremities at night. He was exceedingly restless at first, and wished to be rocked continually, but each individual member of his body he wished to be kept quiet extorting a cry if moved at all. Was thirsty only during the day, but drank in very small quantities. *Ars. cc.* was given. Afterwards took *ars.* and *apis.*, in alternation for a few days.

Auscultation and percussion revealed no abnormal condition of the heart and lungs. By applying the usual tests of heat and nitric acid the urine was found distinctly albuminous, throwing down a dense precipitate in the test tube. Under the microscope casts were clearly discernable, and a few cells resembling white blood corpuscles.

The urine, which up to this time had been light-colored, and passed in large quantities, became almost as red as blood, and voided in very small quantities at long intervals.

Terebinthina 3 was substituted for apis., and given in alternation with ars. 3. He seemed to improve for a few days, although there is not much variation in the quantity of albumen deposited from day to day.

During all this time he had been able to sleep in bed with his head high, when one night he became suddenly oppressed for breath, with loud rattling respiration. From that time on, he was unable to lie down at all. He grew rapidly worse and life was despaired of.

At this stage of the disease counsel was called.

Auscultation and percussion showed the right lung to be *ædematous*, and indeed there was complete *anarsæa*, the whole body being swollen to three times its normal size. The urine all this time indicating that hæmorrhage of the kidney was going on, as what little he passed was blood red. The consulting physician advised lycopodium alone and high, but the attending physician did not dare trust to it alone. So ars. 6 was continued, and terebinthina substituted by lycopodium 30 in alternation every hour.

At night he was almost unbearable, and wished to be carried continually, an occasional dose of chamomilla 3 was given with great benefit, being able to sleep an hour or so after taking it, otherwise he would doze fifteen minutes at a time and wake up in a most irritable frame of mind.

He remained in this critical condition for a few days, and then began to improve slowly. In the urine the casts were no longer visible, and the albumen gradually disappeared, until there was not a trace of it left. The dropsy also began to diminish, the urine increasing proportionately.

Ars. 6, and lycop. *cc.*, were continued at intervals of a few hours, until finally he convalesced, and in a few weeks was out playing with the other children.

After a few days in the beginning of the disease, there was a complete loss of appetite with nausea and vomiting, and the only way he could be nourished was by putting one of the remedies in rice water, and giving wine whey in alternation with the remedies.

He would take it because the doctor ordered it as medicine, as he had the greatest horror of dying, and would not allow the least allusion made to it.

I would say in conclusion, that he is now ten years old, and a healthier, hardier boy cannot be found in the country where he now resides. He can endure any amount of exposure during the most inclement weather; goes to school regularly, and bids fair to live for many years to come.

The New York Journal of Homœopathy.

NEW YORK, DECEMBER, 1874.

T. F. ALLEN, M. D., MATERIA MEDICA.

WM. TOD HELMUTH, M. D., SURGERY.

SAM'L LILIENTHAL, M. D., CLINICAL MEDICINE.

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NOTABILIA ON MATERIA MEDICA.

The Action of Emetics on the Transversely-Striated Muscles.
By Dr. E. HARNACK.

Substances which produce vomiting, as Emetine, Apomorphine, Tartarus-emeticus, etc., paralyze also the transversely-striated muscles of the frog. We find the same in some obsolete emetica, as Cyclamine, Asclepiadine, Sanguinarine, Delphinine, Veratrine, and Digitaline. All salts of metals, which produce emesis, paralyze also these muscles. Among the symptoms of nausea, the sensation of muscular debility, of malaise and relaxation play a great part, and it is questionable whether we deal here with a mere subjective symptom, or whether this affection of the voluntary muscles stands in close connection with the act of vomiting. *Harnack* experimented with the salts of copper and of zinc, and found in his toxic experiments that the former causes insecurity of the lower extremi-

ties; debility in walking, and finally a complete state of paralysis, showing itself by lying on his stomach with stretched-out extremities; weakness of the retarded beat of the heart and of the respiration, dilated pupils. The respiration is never dyspnoeic, and the animals die from paralysis of the respiratory organs, without suffering from convulsions; we find the electrical excitability (the irritability of the muscles of the head and neck continues the longest) of the transversely-striated muscles perfectly abolished, and the relaxed heart, full to overflowing, shows no action, even from the strongest current. The author thinks that the salts of copper cause vomiting by its local action on certain parts of the walls of the stomach, of a sufficient quantum of Cu O was introduced (in order to irritate the ends of the vagus to such a degree that by reflex action vomiting is produced). Larger doses paralyze the voluntary muscles so quickly, that such heavy muscular exercise as vomiting becomes out of the question. It is also well known that very large doses cause no general manifestations, because the greater part of the poison is thrown off. (Cuprum to us is one of the first remedies we think of to relieve cramp or spasm, and from its toxic effects we learn to understand its great value in spasmodic affections of the respiratory organ. *Baehr* considers Cuprum the remedy in whooping-cough. It is also considered our best medicine for checking the cramps and the vomiting of cholera. *Bayes* finds Cuprum curative in epilepsy characterized by the extreme violence of the convulsions, most usually with *pale face*, and *Nothnagel*, (M. M. 293,) acknowledges, that in chronic poisoning by salts of copper, headache, neuralgic pains in different parts of the body, spasmodic affections in different groups of muscles, tremors; gradually increasing emaciation with sallowness have been observed. *Headland* agrees with *Harnack*, that the salts of copper and of zinc cause, by contact and irritation, a large quantity of the gastric juice to be poured out, and this, together with the contents of the stomach is rejected without being followed by such inconvenience.)

2. The salts of zincum act analogous in relation to paralysis of the horizontally striated muscles. *Blake* already witnessed complete paralysis of the heart from sulphate of zinc, and *Falk* speaks of paralytic disturbances of the movements of the heart and respiratory organs.



(Depression of the nerve force is to us the characteristic of zincum; *Teste* (M. M. 469) shows that the group of which zinc is the representative, acts especially on the nervous system and more especially on the plexuses of the chest and lower abdomen, and likewise on the larger trunks, and nervous branches which impart mobility and sensibility to the organs of locomotion).

On the Pathogenesis of the Carbol-urine and its Manifestations of Fermentation. By. A. HILLER, M. D.

Carbol-urine recently passed, shows a light yellow, or golden brown color, and the usual smell, exposed to the air it becomes dark olive, and finally, deep green, remains free from sediment, and does not deviate from normal urine in relation to reaction, specific gravity and the other constituent parts. Once he detected two layers, the lower one of a golden yellow hue, the upper larger one grass green and of less specific gravity. When well shaken, the whole mass became olive-green. Once he observed the whole urine of a grass green color, after an amputation of the thigh, with putrescence of the wounded surface, where the patient discharged for some time carbol-urine. But such a secretion cannot be considered a constant phenomenon of the carbolic acid bandage, nor as the simple product of the action of preparations of phenyl acid on suppurating surfaces. Even extensive wounds, with good and landable suppuration, may be treated with carbolic acid in the usual manner and no carbol-urine is seen, whereas, in treating severe burns with carbol-oil, we meet carbol-urine already after 24-48 hours; also in bandaging soft parts mortified by contusion, after deep necrosis, and when marasmus sets in after amputations, though the wounded surface looked originally well and discharged good pus. The question may be asked, is this a simple absorption of the acid, or is it an intoxication of the organism from increased absorption? Hiller denies the latter supposition, inasmuch as *Salkowski's* experiments on small animals show, that larger quantities of the acid are necessary to produce symptoms of toxication than are usually necessary for surgical appliances. Neither can it be considered as febrile urine, because in patients treated with carbolic acid, the color of the urine remains the same during the rise as well as during the fall of the temperature of the skin (Wilde).

We must look for the course of it in the sepsis of the wounded surface. Where no olive green urine is discharged in spite of decided putrescence in bandaging with carbolic acid, we will find the same state so frequently met in the ulcers on the lower extremities of persons belonging to the lowest strata of society, which, though filled with the worst kind of ichor, still never lead to septicæmia—because nothing is absorbed by the ulcerated surface.

Further chemical experiments showed that carbol-urine (not normal urine to which was added carbolic acid) does not putrify, and that putrefactors may be present in an organic fluid, and still it does not come to putrefaction.

Schmidt's Jahrd., 11, 1874.

DR. DAWOSKY found the external application of carbolic acid of great benefit in the treatment of varicose and lymphatic ulcers. He puts on the ulcer, a compress soaked in a solution containing 2 per cent. carbolic acid, covers that with a larger one, and then with rubber paper, and applies a bandage over the whole. In the beginning, the compress is changed every hour, but as soon as the discharge becomes less foul and the ulcer looks better, every twenty-four hours, which usually takes place after two or three days. Lymphatic ulcers are slower in healing, and do not close till the lymphangiectasia is removed.

Memorabilia, XIX, 1874.

MEDICAL EDUCATION.

We begin our editorial exactly, where my good friend, S. A. J., of "the New York Journal of Homœopathy," (No. 21, p 440), closed his observations. He says, speaking of the venerable Dr. John F. Gray: "May a deep sense of his mistake make him so mad with himself, that he will found a Gray or a Gram Laboratory."

It is really a pity, that neither physician nor patron think of the needs of the college, and instead of abusing the colleges, try to aid its teachers in the laborious task, which they voluntarily take upon

themselves, and which they intend to carry out to the best of their abilities in spite of all the obloquies heaped upon them. We say again with S. A. J., *things, not words*; come forward and endow a laboratory of chemistry; ye patricians, whose life has perhaps been saved by Homœopathy, come forward and endow the chairs of Physiology and Histology, as perhaps neither physician nor layman dreams of it, that it takes every moment of this short life to become a master in these branches of the medical science, that constant experiments are necessary, which again necessitate a *heavy outlay not only of time, but also of money*, and if you ever endow such a chair, do not do it niggardly. That man who gives his whole life to science, ought to have at least an income of *five thousand dollars*, for even a mediocre physician can make this much by his daily labor. Our friend is also justly dissatisfied—not with the way *Materia Medica* is taught, as just in that branch the teachers in nearly all colleges are really good, but with the manner provings are made. Who will donate ten, fifteen, twenty thousand dollars, so that microscopes, spectroscopes et id omne genus may be procured for the benefit of these young scientists, who are willing to suffer pain, in order that the corner-store of Homœopathy, our *Materia Medica*, may rest on a solid foundation, may be enlarged from year to year, and may eventually become the guiding star to every physician.

Things, not words are needed, and without money and endowments all that talk about “elevating the standard of medical education” is mere bosh.

In another journal (The Am. Journal of Hom. M. M. Nov. 1874) a “gosling” of the N. Y. Hom. College (studied only two years and graduated 1872-73) takes his alma mater and all other colleges in hand, speaks of his teachers as men delighting in obscene talk, and acknowledges his want of knowledge, by publicly stating that such examinations as he passed are an insult to a man of intelligence.

We felt sorry that Prof. Thomas, the able editor of this journal, ever allowed this vile tirade to appear in it and to sully its pages.

But is it true that our colleges have sunk so low, and are they doing so little for the advancement of medical art and science, as this hue and cry should make us believe? If so, they might

better be abolished? Both writers emphasize the fact, that one great defect lies in the indiscriminate acceptance of matriculants, and entirely forget that a medical college is not a private school, where the day scholars of the immediate neighborhood achieve their common English education, but that from every part of our wide, wide country, the students crowd our amphitheatres. Suppose the Empire State should declare that no students should be admitted to any medical college of this State, who cannot read and translate Tacitus, Cicero, Plautus, will medical education be any better by it? Why it would drive many a student to Philadelphia, Nashville, Cincinnati, and a diploma of any of these colleges is certainly as valuable and as valid as even that of the Regents of the University of New York.

From very extensive reading, I know that the same grunting spirit is also exercised or exorcised against the medical school of Europe, and our European journals teem with tirades, that one or two stars are not enough to give brilliancy to a school. They wish every chair filled by stars of the first magnitude, and cannot find them. Well then, keep up your grunting, if it pleases you, we do not object.

Of one thing we feel proud: Our American physicians, as practitioners, are the equals of any in the world, and as there are some poor physicians everywhere, I do not know why we should not also have our share. The artisan is known by his labors, and the American physician need not shrink from the comparison. Take the rates of mortality, and it is not higher in America, in spite of this vaunted ignorance of teacher and student, and compare even in this country the rate of mortality of patients, treated by European physicians, with that of patients treated by "know nothing" physicians, and my word for it, the difference will be none or nearly none. What then? Eheu! Echo answers: What then?

S. L.

OBITUARY.

DR. RICHMOND BRADFORD, of Auburn, Maine, died at his home, December 21, 1874, of chronic bronchitis. He was born in Turner, Maine, in 1801—of Huguenot ancestry—a direct descendant of Gov. William Bradford, one of the original Mayflower pioneers.

He fitted for college in his native town, relying upon his own labors in teaching to defray the expenses of education which he continued at Bowdoin College, where he entered as Sophomore, graduating in the class of 1825. In the same class were the poet Longfellow, the novelist Hawthorne, and the historian J. S. C. Abbott.

In 1829 he received the degree of "M.D." from the medical department of the same institution, and began to practice in Turner, residing there six years. He removed to Auburn in 1835, where he has since resided.

After twenty years' practice, and dissatisfied with what he characterized "a heroic, routine and empirical treatment," he embraced homœopathy; but not until he had industriously pursued several series of provings to his great satisfaction, and corresponded, at great length, with medical authorities, whose counsel he valued. After following a course of study at the Homœopathic College in Philadelphia, he returned to Auburn and dated a new era in his professional career. At that time the confession of faith in "infinitesimal doses" or in any idea that eliminated "calomel and jalap" from the doctor's formula, almost insured church censure, destruction of one's business, and social ostracism besides. But the sincerity and earnestness with which he fearlessly worked and sacrificed, deepened and strengthened the movement. Test after test increased the spirit of inquiry, until his most sanguine expectations were realized. He saw in the cities of Auburn and Lewiston the principles of Homœopathy (or Sim. Sim. Cur.) accepted; physicians recognized its power; the people pronounced it good.*

The "Lewiston Journal," in a sketch of the life and character of Dr. Bradford, says: "He was a man of positive christian profession and practice, an ardent friend, a valuable and conscientious citizen. For many years he was deacon of the Congregational church, and superintendent of the Sabbath-school. He took great interest in educational matters. He was one of the trustees of the Lewiston Falls Academy. He was one of the best linguists in the State; and was so fond of scholarly pursuits that he was accustomed to read Latin and Greek, in his leisure hours, up to the last year of his life. A hold on life always feeble, he combatted disease by self-denial and precision of habits; thus perpetuating himself far beyond the average longevity. He leaves a brother (Calvin Bradford, Esq.) and three children, Dr. H. C. Bradford, Lewiston, Maine; Dr. T. D. Bradford, N. Y. City, and a daughter whose assiduous care was a blessing to the last years of the father she loved so much. Knowing Dr. Bradford, so intimately, as we did, we have positive opinions to give respecting him. In his death the city loses a ripe christian, a cultivated scholar, a sympathetic and skillful physician."

*Thus he lived to be the oldest physician in the country; Fellow and corresponding member of the Hom. Coll. Phila.; Member American Institute of Homœopathy, &c., &c.